



Review of Research and Evidence-Based Practice Literature

Following completion of slide 5 of PowerPoint *Everyday Supports and Services*, provide the participant with a copy of handout 5.3a *Research and Evidence-Based Practice Literature*.

Take turns reading the information aloud. This is intended to be a quick study of evidence-based practices related to natural environments.

Share one example from your district where providing supports and services in everyday routines, activities, and places was effective for a child. Convey a second example from your district where this approach was effective for a family.

Research and Evidence-Based Practice Literature:

Reviews of research-based literature regarding supports and services in everyday routines, activities and places tell us:

1. This approach is effective in promoting positive child outcomes.

- Daily routines and activities of everyday life are important natural learning environments for promoting developmental skills, supporting and strengthening child competence (Dunst, et. al., 2001);
- Child-initiated instruction, activity-based approaches, and integrated interventions have been found to be as or more effective than adult-initiated instruction, directive approaches, and pull-out therapy (Shelden & Rush, 2001);
- Naturalistic interventions resulted in improved skills for young children at early stages of communication development (McLean & Cripe, 1997);
- Infants and toddlers learn skills best through frequent, naturally occurring activities in their typical environments (Shelden & Rush, 2001);
- Interventions within natural environments with key care providers and familiar toys and materials allow for generalization of skills, learning opportunities with natural consequences, task specificity, and functional outcomes (Shelden & Rush, 2001, p. 3);
- This approach to service provision has been supported by research as effective for typically developing children, children whose families are economically disadvantaged, and children with previously diagnosed conditions (Shelden & Rush, 2001).

2. This approach is effective in promoting positive family outcomes.

- Family stress is reduced and empowerment is increased when early intervention services are relevant to families' lives (Thompson, et. al., 1997);
- The quality of daily family life can be either an important protective factor or an important risk factor for both child and family outcomes (Shonkoff & Phillips, 2000);

- Care providers want information that is easy to incorporate into their daily lives and helps the child participate as part of the family and community (Brotherson & Goldstein, 1992) and interventions that fit with their goals, values and beliefs (Bernheimer & Keogh, 1995);

3. There is not significant support in the literature for more directive, hands-on, child-focused interventions.

- Hands-on motor interventions have not been supported as effective in improving functional outcomes for children with cerebral palsy and related motor disabilities (Harris, 1997; Blackman, 2001);
- Even if selected by parents, a highly child-focused “repair shop” strategy is not likely to maximize child developmental outcomes (Guralnick, 2001, p. 29);
- Interventions are not implemented and sustained when they do not fit the daily routine of the family (Bernheimer & Keogh, 1995).

4. This approach to the provision of supports and services encompasses various elements of evidence-based best practice.

- Current state-of-the-art services involve **naturalistic interventions** that promote learning opportunities across environments with typical care providers and ordinary objects (Shelden & Rush, 2001);
- Programs that **target the everyday experiences** of children appear to be more effective in improving skill acquisition (Shonkoff & Phillips, 2000);
- Effective intervention requires that an **individualized approach** be used to match well-defined outcomes to the specific needs, interests and resources of the child and family (Shonkoff & Phillips, 2000);
- The promotion of competence in **normative community contexts** is particularly important for children with disabilities to support them both to acquire functional skills and to gain social acceptance (Shonkoff & Phillips, 2000).

A thorough bibliography addressing the research and evidence base for service provision in natural environments can be found at:

<http://www.puckett.org/coaching/docs.nebibibliogrpahy.doc>



Just Being Kids Janella's Story

Instructions

Show the 12-minute video clip-*Janella's Story*. Ask the participant to very briefly share their thoughts about the team meeting. Even though this type of team model may seem unfamiliar or unrealistic, keep in mind that part of the focus of core training is to expand the service coordinator's knowledge of evidence-based practices.



Just Being Kids-Supports and services for infants and toddlers and their families in everyday routines and places. Distributed by Western Media Products 1 (800) 232-8902 <http://www.media-products.com/ecm.php> ***Just Being Kids*, VHS tape and booklet, 50 minutes**

This video is 50 minutes long and comes with a Facilitator's Guide. This video looks at the lives of six different children and their families. Each of the six stories is a vignette unto itself with its own unique issues and discussion points on the general topic of services provided in everyday routines, activities, and places – "natural environments." Produced by Larry Edelman, JFK Partners, Project Enrich, and the Colorado Department of Education.

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| Non-profit rate | \$75.00 |
| Corporate and international rate | \$125.00 |



Models of Team Interaction

Following completion of slides 7-18 of PowerPoint *Everyday Supports and Services* and the video clip of Janella's story, provide the participant with a copy of handout 5.6a *Models of Team Interaction* and allow the participant to briefly review the information. Answer any questions as needed.

Models of Team Interaction

Rush, D. and Shelden, M. (2001)

| | Multi - disciplinary | Inter- disciplinary | Trans- disciplinary | Primary Service Provider |
|------------------------------------|--|---|--|---|
| Assessment | Team members conduct separate assessments. | Team members conduct separate assessments. | Team members and family conduct joint assessment. | Fewest number of service providers needed participate in the assessment based upon improving the child's participation across activity settings and learning opportunities. |
| Parent Participation | Parents meet with team members individually. | Parents meet with entire team or a representative of the team. | Parents are full, active members of the team. | Parents and other care providers are equal team members. |
| Service Plan Development | Team members develop separate, discipline-specific plans. | Team members develop separate, discipline-specific plans but share them with each other. | Team members and family develop joint plan based on family priorities, needs, and resources. | Outcomes/goals are developed based on improving the child's participation across activity settings and learning opportunities. |
| Service Plan Responsibility | Team members are responsible for their discipline-specific plan. | Team members share information with each other about their part of the plan. | Team members are jointly responsible and accountable for how the primary service provider implements the plan. | Team members are jointly responsible and accountable for how the primary service provider implements the plan. |
| Service Plan Implementation | Team members implement their discipline-specific plans. | Team members implement their portion of the plan and incorporate other sections where possible. | A primary service provider implements the plan with the family. | Team members provide coaching to the PSP to effectively implement the plan across activity settings and care providers. |

<http://www.puckett.org/coaching/pdf/psp.pdf>

| | Multi - disciplinary | Inter- disciplinary | Trans- disciplinary | Primary Service Provider |
|-----------------------------------|--|--|--|---|
| Lines of Communication | Informal. | Occasional case-specific staffing. | Regular team meetings to exchange information, knowledge, and skills among team members. | Ongoing interaction among team members for reflection and sharing occurs beyond scheduled meetings. |
| Guiding Philosophy | Team members recognize importance of information from other disciplines. | Team members are willing to share and be responsible for providing services as part of the comprehensive service plan. | Team members commit to teach, learn, and work across traditional discipline lines to implement a joint service plan. | Service and care providers engage in learning and coaching to develop the necessary expertise to improve the child's participation across activity settings and learning opportunities. |
| Staff Development | Independent and discipline-specific. | Independent within and outside of own discipline. | A critical component of team meetings for learning across discipline boundaries and for team building. | Team members implement an annual team development plan to identify any gaps in skills and knowledge and improve expertise across disciplines. |

Adapted from:

Woodruff, G. & McGonigel, M.J. (1988). Early intervention team approaches: The transdisciplinary model. In J.B. Jordon, J.J. Gallagher, P.L. Huntinger, & M.B. Karnes (Eds.), *Early Childhood Special Education: Birth to Three* (pp. 163-182). Reston, VA: Council for Exceptional Children and the Division for Early Childhood.

<http://www.puckett.org/coaching/pdf/psp.pdf>



***Teaming & the Primary Service Provider as Coach
Model of Team Interaction
Case Study – Destiny & Donna***

Instructions

1. Read aloud (or have a participant read) the case study (5.7a *Teaming & the Primary Service Provider as Coach Model of Team Interaction – Case Study-Destiny and Donna*).
2. Participants may work on this assignment in groups if desired. Instruct the participant(s) to:
 - ◆ Review current outcomes from case study;
 - ◆ Briefly develop new outcomes for Destiny;
 - ◆ Identify a primary service provider based on the new outcomes;
 - ◆ Make recommendations for how visits with the family will be planned; and
 - ◆ Determine how onsite coaching will be utilized.
3. Instruct participant(s) to record the above on worksheet 5.7b.
4. Instruct participant(s) to share their responses.
5. Provide a copy of handout 5.7c *Teaming & the Primary Service Provider as Coach Model of Team Interaction-How we moved Destiny to a PSP as coach model*.
6. Review with participant(s) the content of 5.7c and facilitate discussion as time allows.



Coaching in Natural Environments

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Teaming & The Primary Service Provider as Coach Model of Team Interaction

Case Study - Destiny and Donna

Destiny is a 16 month old little girl who lives with her mom, Donna, in an apartment in a suburban area. Destiny attends *Granny's Giggles-n-Grins* child care Monday through Friday each week from around 6:00 a.m. to 6:00 p.m. while Donna works at a locally owned supermarket within walking distance from their apartment. Donna does not drive and the community in which they live offers limited public transportation options. Destiny's favorite things to do as described by Donna are to watch TV and be held. Destiny's child care provider, Joniqua agrees with Donna and adds that Destiny also likes to be read to. Destiny has a diagnosis of cytomegalovirus (CMV). She weighs 16 pounds. She smiles at familiar people, needs help for moving, and is held for sitting, eating, playing, and bathing. Donna also enjoys watching TV (especially daytime dramas and talk shows). Donna enjoys spending time with Destiny, holding her, brushing her hair, and painting her nails. Donna is very worried about Destiny's weight and her eating (she currently drinks a bottle for all nutrition).

Destiny's current IFSP outcomes are:

- Destiny will roll from a supine to a prone position.
- Destiny will push up on extended arms in a prone position and hold the position.
- Destiny will have improved oral-motor control.

5.7a

- Destiny will identify common objects.

Destiny's has been in the program for five months and her current service delivery looks like:

- Receives PT twice weekly for one hour sessions at the child care center
- Receives speech once weekly for one hour sessions at home
- Receives OT twice weekly for 45 minute sessions at home

Think about this...

How will you move Destiny from her current model of service delivery to a Primary Service Provider as Coach Model?

Review [how we moved Destiny](#) to a PSP as coach model.



***Teaming & the Primary Service Provider as Coach
Model of Team Interaction
Case Study – Destiny & Donna***

Worksheet

After reading the case study of Destiny and Donna fill out this worksheet by completing the following tasks:

- ◆ Review current outcomes;
- ◆ Briefly develop new outcomes for Destiny;
- ◆ Identify a primary service provider based on the new outcomes;
- ◆ Make recommendations for how visits with the family will be planned; and
- ◆ Determine how onsite coaching will be utilized.

Once the worksheet is completed, share your responses with the trainer and other participants.

Review a copy of handout 5.7c *Teaming & the Primary Service Provider as Coach Model of Team Interaction-How we moved Destiny to a PSP as Coach Model*, and participate in trainer-led discussion as time allows. Place this worksheet in portfolio.

Notes about current outcomes:

List new outcomes for Destiny:

Participant's name _____ 5.7b

Identify and give rationale for selection of primary service provider:

List proposed plan/schedule for home visits:

Describe plan for on-site coaching:



Teaming & The Primary Service Provider as Coach Model of Team Interaction

How we moved Destiny to a PSP as coach model

- ◆ Well, the first place to start (without question) is a review of the current outcomes on the IFSP. As the current outcomes on Destiny's IFSP are *not* functional, we would have an IFSP review and develop new, functional and meaningful outcomes. We would also, discuss and develop a plan for conducting further assessment in Destiny's child care setting.

So, let's consider the following as the new IFSP outcomes:

- ◆ Destiny will eat meals (strained food) while seated in her high chair by [date].
- ◆ Destiny will gain five pounds over the next six months [date].
- ◆ Destiny will play with toys while seated in her high chair, infant walker, and standing frame by [date].
- ◆ Destiny will use large picture cards to indicate her wants/needs and make choices by [date].

Our next step would be as a team to identify a PSP. Based on the IFSP outcomes, we need someone with expertise in positioning. For discussion, let's say it's the O.T. or the P.T. Destiny also has significant oral-motor issues and the O.T. is our best team member to help meet those needs. So, we will try the O.T. as the PSP with possible on-site coaching from the P.T. We'll definitely plan for coaching from the SLP to set up the communication system. For the next six months, we'll try the following service delivery with visits occurring in the childcare setting and home:

Service Delivery Schedule

| | |
|-------------|---|
| Weeks 1-2 | OT - 7, 1 hr visits PT - 2, 1 hr visits |
| Weeks 3-4 | OT - 4, 1 hr visits PT - 1, 1 hr visits |
| Months 2-3: | OT - 10, 1 hr visits PT - 2, 1 hr visits SLP - 2, 1 hr visits |
| Months 4-6: | OT - 12, 1 hr visits SLP - 4, 1 hr visits |

Remember... all visits from PT and SLP will be with the OT and the purpose of the visit is to assist the OT. We could also consider changing the PSP if necessary. This may seem like a lot of visits, but when you count the probable visits in a more traditional service delivery model (i.e., minimally OT, PT, and SLP providing service one time a week for 24 weeks), you get 72 visits. With this model, we have a total of 44 visits over the 24-week period. This is an example for this situation, service delivery must be designed to meet the individual needs of the team members.
